



ADP's HIPAA NPI/TCS Compliance Project Frequently Asked Questions

December 24, 2007

The California Department of Alcohol and Drug Programs (ADP) has created this list of Frequently Asked Questions (FAQs) in support of the National Provider Identifier (NPI) and Transaction and Code Sets (TCS) HIPAA compliance project. These FAQs address common questions and concerns of Drug Medi-Cal (DMC) trading partners. The FAQs will continue to be updated with new information as ADP's NPI/TCS HIPAA project progresses.

1. Which hard copy reports will be discontinued on February 1, 2008?

- Edit Error Correction Report
- Duplicate Error Correction Report
- Aged Suspended Claims Report

2. Which hard copy reports will continue to be sent from ADP to trading partners after February 1, 2008?

- Detailed Report by Provider of Title XIX Approved Services and Expenditure
- Report of Approved Title XIX Services and Expenditures by County
- Denied Claims Report
- Minor Consent Report

The reports listed above will be discontinued on May 1, 2008.

3. Will the rendering provider NPI be required in the 837P?

The rendering provider NPI is required for counseling services billed with Procedure Codes H0004 and H0005. The rendering provider segment is optional for other procedures codes, but if used must contain valid information.

4. What is the rendering provider NPI?

The rendering provider NPI is the NPI assigned to the counselor who provided the service.

5. Will ADP be implementing a Void and Replace (VCR) transaction?

ADP will not be using a void and replace process until Short-Doyle Medi-Cal Phase II is implemented. All claims will either be approved or denied beginning February 1, 2008. Claims that are in suspense or aged suspense will be automatically denied on that date as well.



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6. How long does a provider have to correct and resubmit a denied claim?

A new claim for a denied claim may be resubmitted up to 6 months after the date of the denial. Extensions will not be granted.

7. How does a provider resubmit a denied claim?

To resubmit a new claim for a previously denied claim, a provider must follow the guidelines in ADP's Drug Medi-Cal Billing Manual, Section 5:

- 1) Correct the Denied claims
- 2) Create an 837P for the corrected file; same year and month but with a different sequence
- 3) Complete the Resubmission Form
- 4) Send the Resubmission Form to their FMAB assigned analyst
- 5) Send the new 837P electronically through ITWS

8. What will happen to claims suspended due to Duplicate or Edit Errors that are on Suspense after February 1, 2008?

All claims that are in suspense will be automatically denied on February 1, 2008.

9. How can a provider learn more about NPI?

Visit the **Centers for Medicare & Medicaid Services (CMS) NPI Web site** (<http://www.cms.hhs.gov/NationalProvIdentStand/>) for more information.

10. Does a provider need to apply for an NPI to submit claims for the Drug Medi-Cal program?

Yes. Starting on February 1, 2008, the NPI will be the only health care provider identifier that can be used for identification purposes in all HIPAA covered transactions for the Drug Medi-Cal program. NPI should be obtained as soon as possible for reporting and testing purposes.

11. How does a provider apply for an NPI?

The Centers for Medicare & Medicaid Services (CMS) has established a National Plan and Provider Enumeration System (NPPES). For additional information, and to complete an application, visit the [National Plan and Provider Enumeration System \(NPPES\) Web site](#).



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12. Will the NPI replace a provider's current Drug Medi-Cal number(s) and related Provider Numbers for Cost Reporting?

Beginning February 1, 2008, the 10-digit NPI will replace the 4-digit Drug Medi-Cal provider number as well as the health care provider identifiers in use today by other payers. The existing six-digit Provider Number that is used for other reporting (Budgets, Cost Reports, CalOMS, etc.) will NOT be replaced by the NPI and should continue to be used for those purposes.

13. Will ADP require an NPI for a person conducting counseling sessions in the Drug Medi-Cal Program?

Yes. Any individual (Type 1 as defined in the NPI Rule) providing an outpatient drug free or narcotic treatment program group or individual counseling session must have a separate NPI. This is the rendering provider NPI.

14. Will ADP expect a separate NPI for satellite offices?

Yes. Under the final rule satellite offices can be considered “subparts” of the parent organization. Therefore, ADP expects that parent and satellite offices will have separate NPIs.

15. Will there be an updated companion document?

Yes. The Companion Guide for HIPAA 837P and 835 Transactions has been updated to address use of the NPI for NPI only implementation. The updated version and the accompanying bulletin are both available on the ADP Website.

16. How will ADP obtain NPIs from Drug Medi-Cal providers?

For the transition from proprietary provider identifiers (e.g. the DMC Number) to the NPI standard provider identifier, ADP is requiring documentation of NPI registration from NPPES be sent to Karen Woolley at 1700 K Street, Sacramento, CA 95811 or through fax at (916) 322-1176 or e-mail at kwoolley@adp.ca.gov.

For new DMC providers, the NPI must be included in the DMC certification application.

Collecting both numbers allows ADP to create a “crosswalk” of DMC numbers to NPI numbers. This crosswalk is necessary to allow processing of claims by the current Short-Doyle Medi-Cal (SD/MC) claims adjudication system after ADP's February 1, 2008 NPI compliance date.



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17. When will ADP stop issuing DMC Numbers?

While ADP will continue to issue DMC Numbers to providers until Short Doyle Medi-Cal Phase II, the NPI must be used in the 837P transaction effective February 1, 2008.

Existing Drug Medi-Cal providers must provide their NPIs when making changes to their Drug Medi-Cal enrollment information, as of March 1, 2007.

18. On or after February 1, 2008, if a provider has a claim with a date of service prior to that date, should a provider use their Medi-Cal provider number on that claim or their NPI?

Effective on the compliance date, February 1, 2008, the Drug Medi-Cal Number will no longer be allowed in transactions. The NPI will be the only health care provider identifier that can be used for identification, regardless of date of service.

19. What changes are being made to the 835 transaction on February 1, 2008?

The NPI supplied at the 2010AA loop, Billing Provider, NM109 of the 837P will be reported in the 835 at the 1000B loop, Payee Identification, N104. Also, the 835 and EOB will no longer have a SD/MC code of Suspended (13) or Aged Suspended (17).

The EOB will still be available for download off of ITWS until ADP's planned May 1, 2008 HIPAA compliance implementation date.

20. What is the next step for ADP's implementation of HIPAA and has a timeline been established?

Effective on the planned May 1, 2008 implementation date, ADP will be fully HIPAA compliant. On May 1, 2008 in order to comply with the Transactions and Code Sets Rule, ADP will be discontinuing the transmission of the Explanation of Balances (EOB) Report. The 835 transaction will be the sole electronic format for reporting approved and denied claims and will contain warrant information from the State Controller's Office for approved and paid claims. The remaining DHS reports that are mailed to the trading partners will be discontinued on May 1, 2008.

The 276 (Claim Status Request) and 277 (Claim Status Response) transactions will be implemented on May 1, 2008 as well. These transactions will allow trading partners to electronically access the status of their claims.



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21. Do trading partners have the ability to combine resubmissions of claims denied in separate batches into one file?

Resubmissions for claims denied from separate prior batches (i.e., 837P files) must be resubmitted in separate 837P files. This is necessary because the timelines for claim processing require associating resubmissions to the original claim dates, and the original claim is identified per claim file on a paper form submitted to support the electronic file, not in the 837P file.

22. Currently, the rendering provider NPI is only required on the 837P transaction for counseling service billed utilizing codes H0004 & H0005; and the rendering provider segments are optional for other procedure codes. Are there plans at ADP on changing this in the future so NPI's are required for all procedure codes?

ADP has no current or proposed rules that would require rendering provider information for claims other than those with the H0004 and H0005 procedure codes.

23. Will a provider need to apply for a new NPI when ownership changes and a new Drug Medi-Cal number is assigned?

If a provider's Drug Medi-Cal number changes for any reason (e.g. change of ownership), the provider must obtain a new NPI. The new NPI must be reported to your ADP county assigned analyst so that the crosswalk can be updated. A new entity taking control of an existing facility (even if it employs the same staff) is not the same provider either in ADP's eyes or in those of the NPI rule.

24. Is the rendering provider's National Provider Identifier (NPI) required on supplemental claims submitted for a month prior to February 1, 2008?

If a county is submitting a supplemental claim for services in a month prior to February 1, 2008 and the rendering provider's NPI is unknown, then the supervising counselor's NPI or the service facility location NPI may be used instead. The rendering provider's first and last name is still required, no matter when the services were rendered. For services rendered on after February 1, 2008, the rendering provider must have an individual NPI which must be identified on claims with the H0004 or H0005 procedure code.



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25. Will the information from the Duplicate Error Correction Report be available after it is discontinued, effective February 1, 2008?

In order to safeguard patient privacy, effective February 1, 2008, ADP will only release the information currently available on the Duplicate ECR with a properly executed HIPAA/42 CFR consent form signed by the patient. ADP will be providing a sample consent form that can be used for this purpose. A copy of the signed consent form must be provided to your FMAB assigned analyst when requesting the duplicate information.

If you have additional questions about ADP's HIPAA TCS/NPI compliance project please contact us at: HIPAA1@ADP.CA.GOV